WEST VIRGINIA BOARD OF PHARMACY

CONTROLLED SUBSTANCES MONITORING PROGRAM

2018 Annual Report

2018 CONTROLLED SUBSTANCE MONITORING PROGRAM HIGHLIGHTS

- **The number of Controlled Substances Monitoring Program (CSMP) users has more than quadrupled in the last four years, and utilization of the CSMP continues to grow**
- **The total number of controlled substance doses West Virginia patients received this year was 31.2 million less than in 2017, reflecting the second consecutive year with over a 31 million dose decrease**
- **The powerful opioid hydrocodone has shown the sharpest decline, with a 26% reduction from last year and a 62% reduction over the last seven years**
- **The CSMP recently began collecting data for Schedule V products, which includes drugs like gabapentin (Neurontin) and pregabalin (Lyrica)**
- **Currently sharing prescription data with the border states OH, VA, MD, KY and PA, in additional to 21 other states and DC**
- **CSMP Advisory and Database Review Committees meet regularly, and continue to monitor and assess PMP data, to proactively address potential drug diversion activities and to find ways to reduce the State's drug overdose problem**
- **2017 West Virginia drug overdose deaths were a record high (1020), with heroin and fentanyl continuing to be the most commonly involved drugs in those deaths**
- **CSMP epidemiologists and data analysts are creating and maintaining numerous data maps and analyses to help identify potential issues with controlled substance prescribing ant patient activity in West Virginia**
- **A new version of the CSMP was completed this year, which includes new functionality, easier access and enhanced data analytics**
- **The Board of Pharmacy has obtained a federal grant to provide CSMP data integrated into the workflow of pharmacists and prescribers through their electronic medical record and pharmacy record systems**

WV CONTROLLED SUBSTANCES MONITORING PROGRAM

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Introduction

The West Virginia Controlled Substances Monitoring Program (CSMP) is a central repository, maintained by the West Virginia Board of Pharmacy, for collected data related to the prescription and dispensing of all Schedule II, II and IV controlled substances. As required by §60A-9-5, this report is intended to give a brief history of the monitoring program, including the Advisory and the Database Review Committees, highlighting the accomplishments of the CSMP, providing general and statistical information regarding CSMP data and to also recommend legislation to enhance and improve the CSMP and its use.

West Virginia's CSMP Reporting

Each time a controlled substance is dispensed to an individual in West Virginia, it must be reported to the CSMP by the medical services provider as soon as possible, within 24 hours. The dispensing report includes information about the patient, the prescriber who wrote the prescription, the pharmacy that filled the prescription, the product dispensed and the prescription (prescription #, no. doses, refills, form of payment, etc.). The CSMP collects information on approximately five million controlled substance dispensings each year. Beginning in June 2016, the CSMP also began collecting dispensing data for opioid antagonist products, such as Narcan. Gabapentin data is also being collected as a drug of concern. Contracts with Mahantech Corporation are in place to administer the CSMP and to manage the collection of this data, and provide access for authorized users. Board-employed program staff, consisting of an administrator and a clerk, oversees the day-to-day operation of the CSMP, act as liaisons with the software vendor, seek out and maintain grant funding to support the CSMP and provide administrative support to the West Virginia Board of Pharmacy.

The CSMP then offers direct, internet-based, electronic access to this data, primarily for practitioners for purposes of patient treatment. The information in the system is also open to inspection for specific investigations by authorized law enforcement officials, agents of licensing boards of practitioners, agents of the Office of the Chief Medical Examiner (OCME), agents of Bureau of Medical Services, agents of the Office of Health Facility Licensure and Certification, medical school deans, facility chief medical officers and persons with an enforceable court order. The number of users continues to increase (See Figure 1). Utilization by all types of users has also risen tremendously over the last several years (See Figure 2).

CSMP USER TYPE	2015 Active Users	2016 Active Users	2017 Active Users	2018 Active Users
Prescribers	3,814	6,618	9,100	11,788
Dispensers	2,214	3,359	3,861	4,351
Dispensing Prescribers	153	253	269	538
Law Enforcement	51	71	101	113
Other	107	52	57	63
Total	6,339	10,353	13,388	16,853

Figure 1

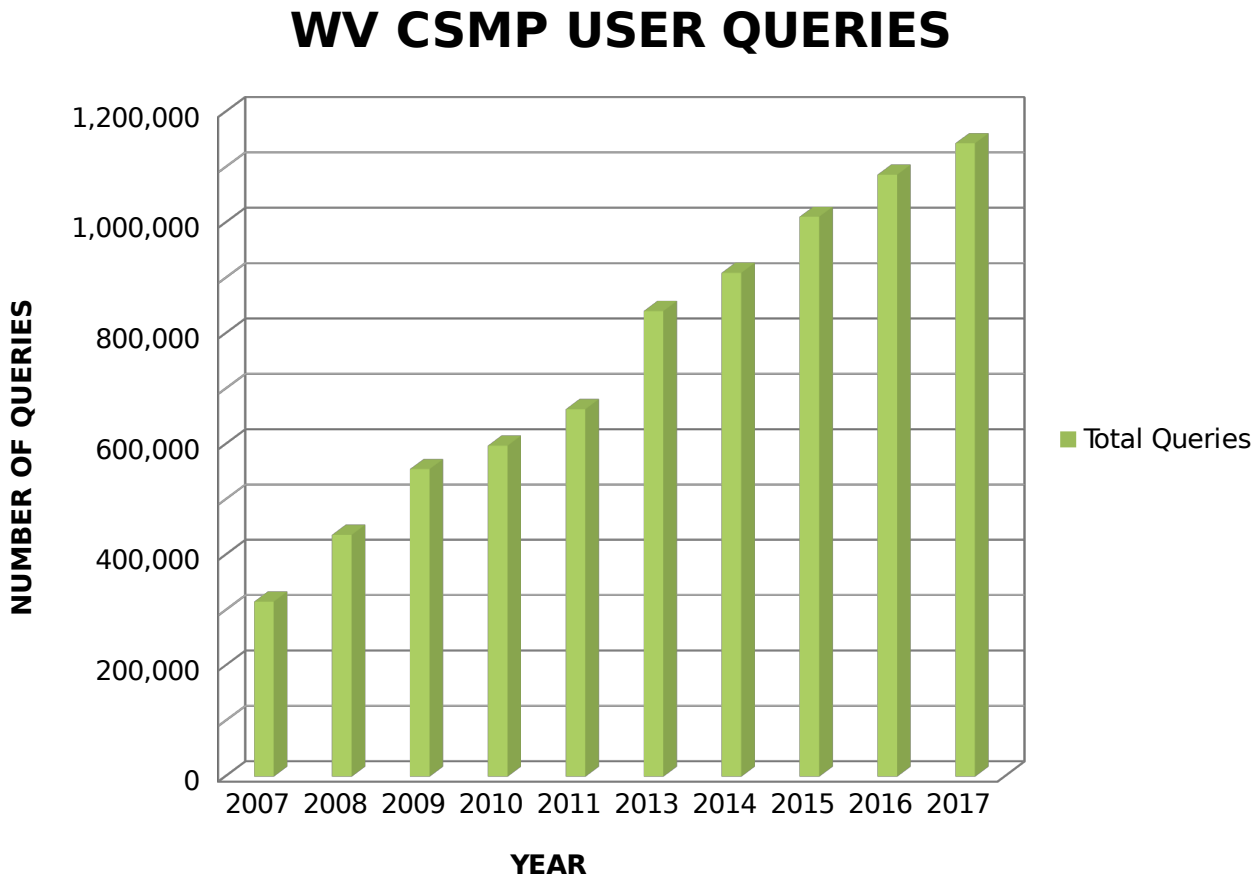

Figure 2

CSMP Dispensing Statistics

Overall dosage unit dispensing numbers have declined over the last several years in West Virginia (See Figure 3). The top 12 products by number of doses dispensed is listed in Figure 4. The Schedule II opioids hydrocodone and oxycodone have seen the most significant drop in numbers, with a combined decrease of over 61 million doses since 2011, and an 18 million dose decrease last year alone (Figure 5). Buprenorphine, a product commonly used to treat opioid addiction, and codeine are the only drug products that are trending upward. Figures 6 & 7 shows data for various drug products. The CSMP recently began collecting schedule V drug prescription information. Gabapentin (Neurontin), pregabalin (Lyrica) and pseudoephedrine dispensing information is now collected, along with the schedule II, III and IV products.

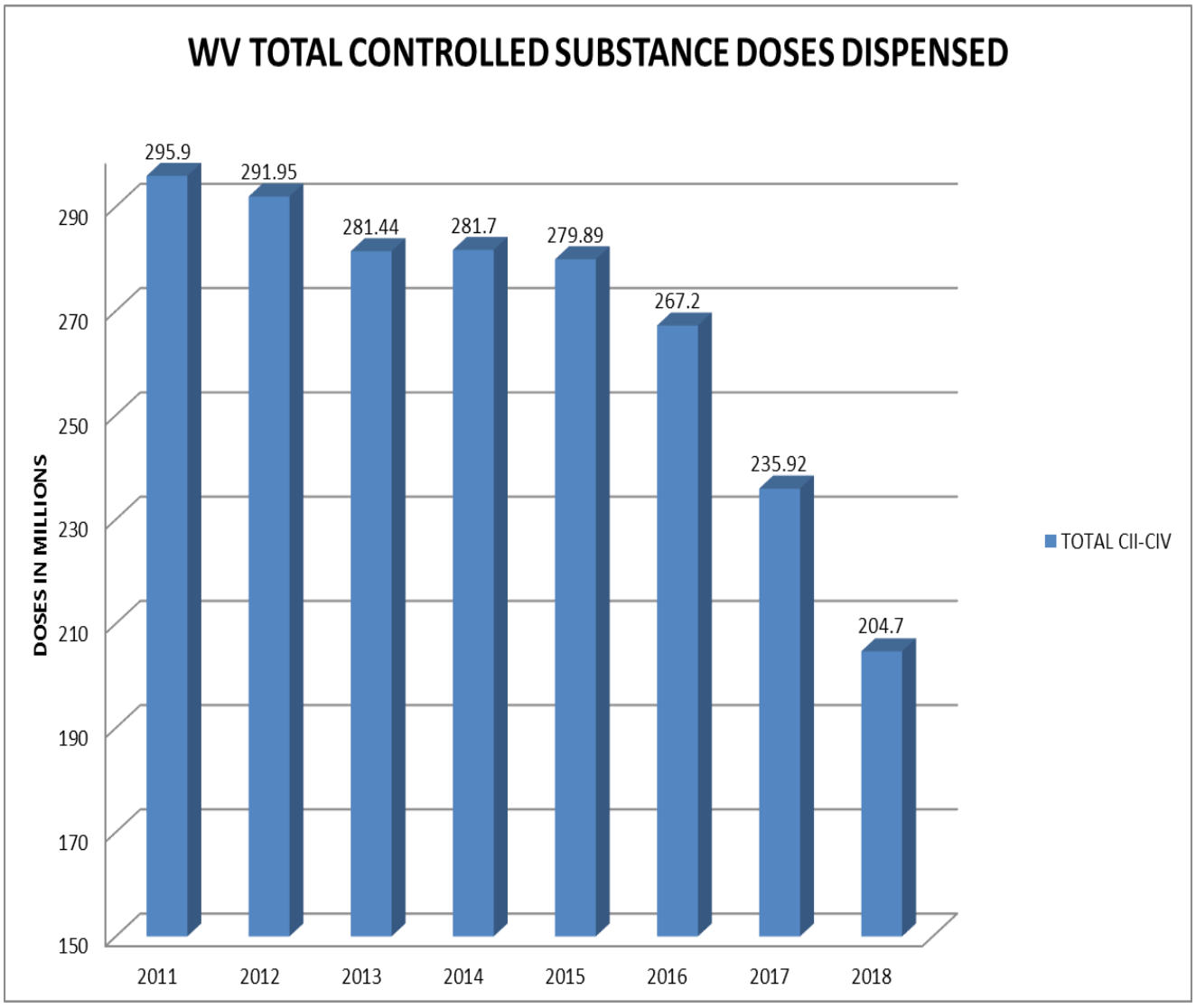

Figure 3

WEST VIRGINIA 2018 CONTROLLED SUBSTANCE DOSES

Rank	Drug Category	Schedule	No. Dispensed
1.	Hydrocodone Products	II	37.87 Million
2.	Tramadol Products	IV	27.78 Million
3.	Oxycodone Products	II	24.97 Million
4.	Alprazolam Products	IV	23.86 Million
5.	Clonazepam Products	IV	14.13 Million
6.	Lorazepam Products	IV	13.09 Million
7.	Buprenorphine Products	III	8.68 Million
8.	Amphetamine Products	II	7.88 Million
9.	Zolpidem Products	IV	6.76 Million
10.	Diazepam Products	IV	6.13 Million
11.	Codeine Products	III	4.49 Million
12.	Methylphenidate Products	II	3.68 Million
	All Other Products	II-IV	25.38 Million
	TOTAL	**II-IV**	**204.70 Million**

Figure 4

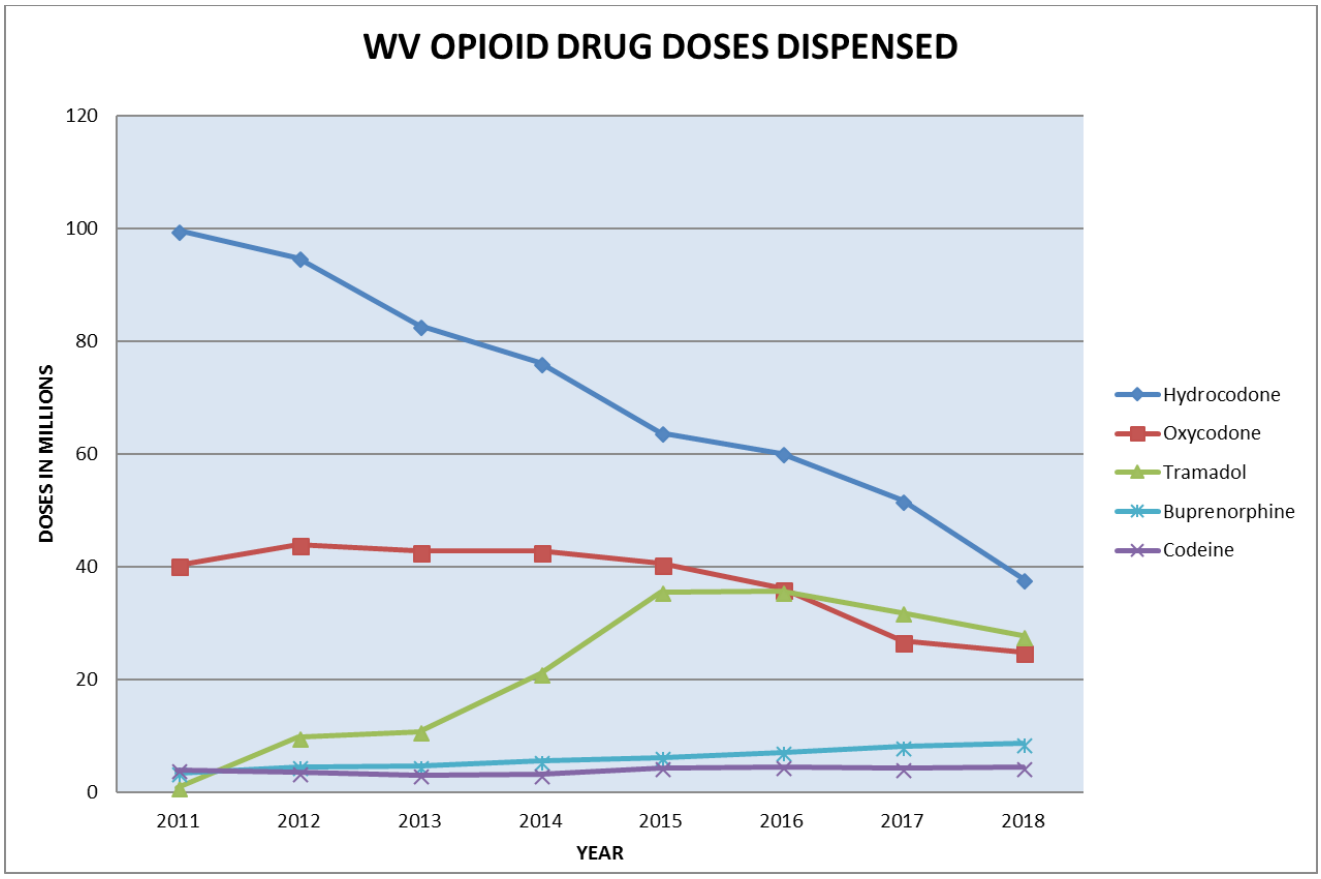

Figure 5

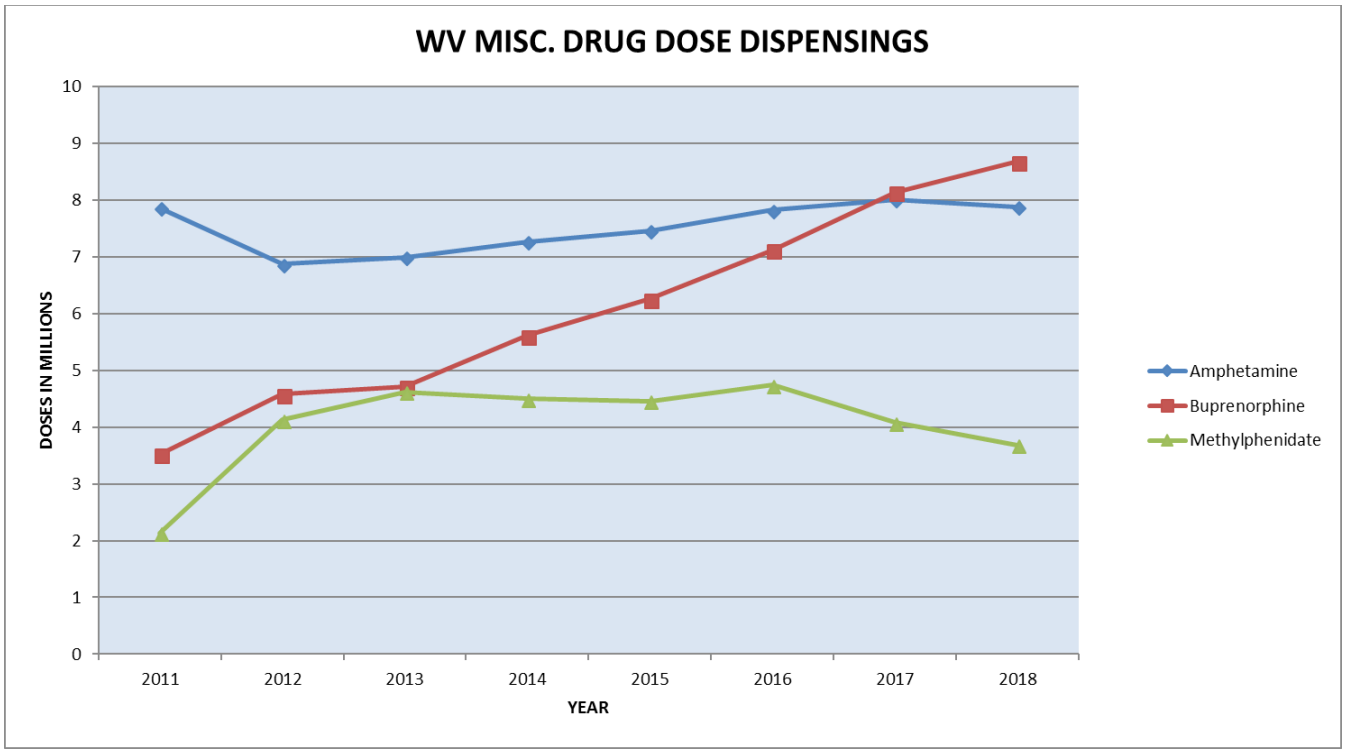

Figure 6

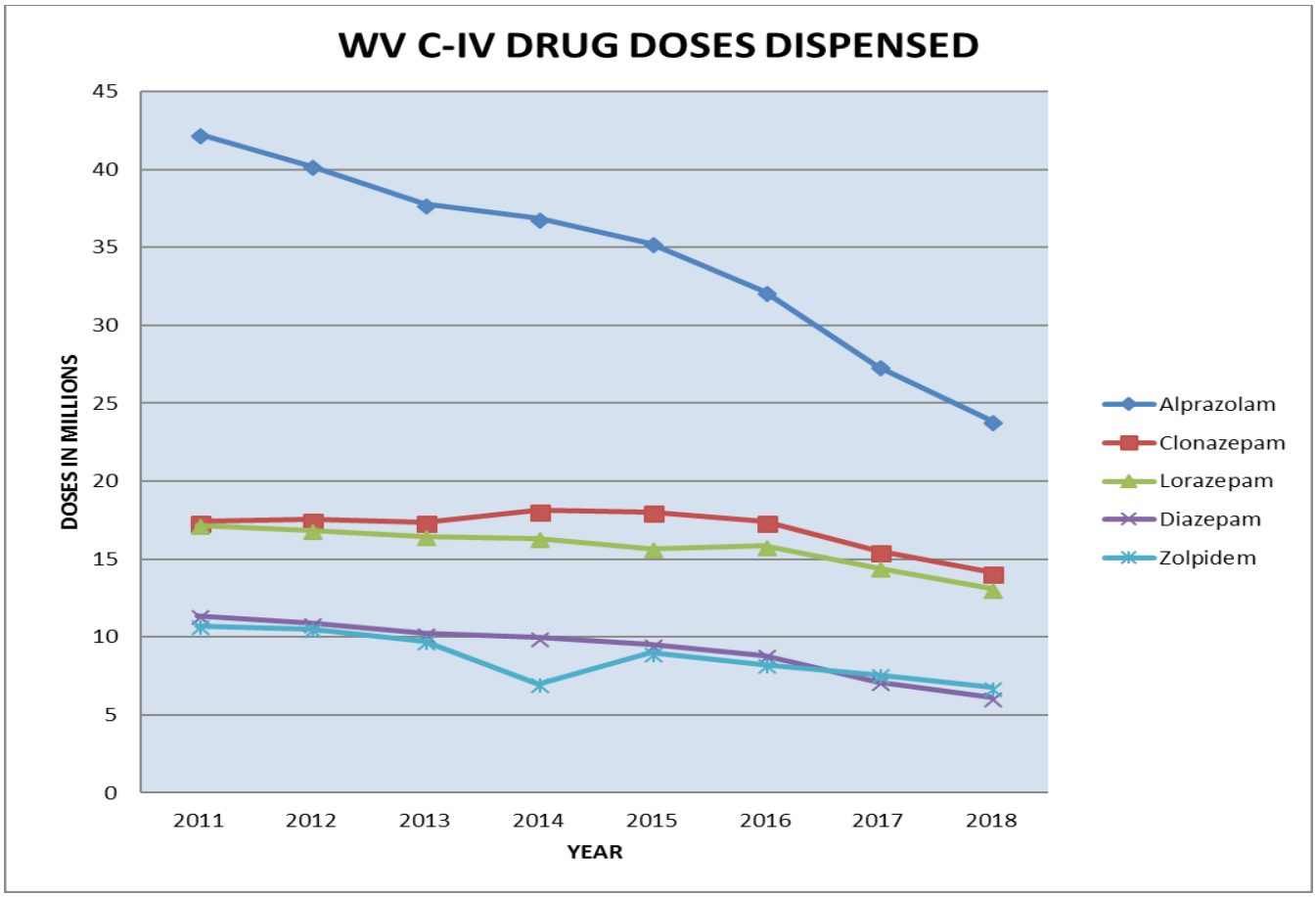

Figure 7

Interstate Data Sharing

In March of 2014, West Virginia successfully deployed its interface with the Prescription Monitoring Program Interconnect (PMPI). PMPI is a data sharing hub, through which authorized users from one state are permitted to obtain patient information from other participating states through their home PMP. West Virginia is currently sharing prescription data with our border states Virginia, Ohio, Kentucky, Maryland and Pennsylvania. We are also sharing data with South Carolina, Connecticut, Indiana, Arkansas, Connecticut, Arizona, Nevada, Kansas, New Mexico, Massachusetts, Michigan, New York, New Jersey, Minnesota, Tennessee, Rhode Island, North Dakota, Colorado and the District of Columbia. We are actively working toward connecting with a number of other states.

Advisory and Database Review Committees

Senate Bill 437 (Regular 2012 Legislative Session) was created to address the prescription drug diversion and substance abuse related problems in West Virginia. Some major components of that bill involve the WV Controlled Substances Monitoring Program (CSMP) and the tracking of prescription drug related activities, including those related to overdose deaths. These key components have been utilized in attempt to reduce prescription drug diversion, inappropriate activities by patients, doctors and pharmacists, and to reduce the number of prescription drug related overdoses. As created by this bill, the Controlled Substances Monitoring Program Advisory Committee and the Controlled Substances Monitoring Program Database Review Committee have been actively trying to address some of these issues in this state through use of the CSMP and the vast amount of useful data it contains.

The CSMP Advisory Committee looks at various patient and practitioner parameters, to determine what data is useful in identifying concerning, dangerous and potentially illegal activity. These parameters are used to detect abnormal or unusual patient patterns, as well as focusing on possible prescribing and dispensing issues with practitioners. A number of CSMP reports have been created to try and isolate concerning activities, such as excessive prescriptions, large percentages of cash transactions, doctor shopping, morphine milligram equivalent doses, etc. This committee has also suggested a number of rules, and have recommended educational and research topics, in order to try and limit the improper use of prescription drugs, to reduce inappropriate prescribing and dispensing of those drugs, and to facilitate the use of the CSMP. Below are some of that Committee's recommendations and the status of each:

1) CSMP to include Morphine Equivalent Dose (MED) capabilities. (Began July 2016)

2) Gabapentin should be changed to a schedule IV drug category, and include the requirement for the prescriber to check the patient CSMP history prior to writing every prescription. (Gabapentin classified as a Schedule V drug product beginning June 2018)

3) Allowing hospital and medical school administrators to have supervisor capabilities in the CSMP for their prescriber employees. (Began July 2017)

4) Prescribers having the ability to monitor mid-levels they supervise using the CSMP. (Began June 2018)

5) CSMP to provide Prescriber Report Cards, to inform practitioners of their prescribing practices and how they compare to their peers. (Began January 2018)

6) CSMP reports to include non-fatal overdose information. (Began Fall 2018)

7) The dispensing of all schedule V drugs be included in the CSMP. (Began June 2018)

8) Require prescribers to run a CSMP report on each patient prior to prescribing any C-II drugs, any opioids and any benzodiazepines. Exceptions might include cancer patients and terminally ill patients. (Began June 2018)

9) Limit duration of opioid prescriptions for acute pain to 7 days or less. (Various new limitations began June 2018)

10) Enhance CSMP Advisory Committee legislation to identify abnormal or unusual prescribing and dispensing patterns and to permit sharing this data with appropriate professional licensing boards and other agencies. (First reports sent out December 2018)

The Database Review Committee evaluates those who have been identified as outliers to decide appropriate action. Individual patients, prescribers or dispensers that warrant additional scrutiny are being pursued in a number of ways. One activity the committee regularly monitors is Multiple Provider Episodes (MPE's). MPE's are defined as when a patient is obtaining controlled substance prescriptions from multiple physicians, and visiting multiple pharmacies to get them filled, all in a relatively short period of time. Every six months, notifications are sent out to the doctors and pharmacists, regarding their specific patients who are exhibiting this MPE behavior. As a result, the number of individuals identified has dropped off significantly, and continues to decline (see Figures 8 & 9).

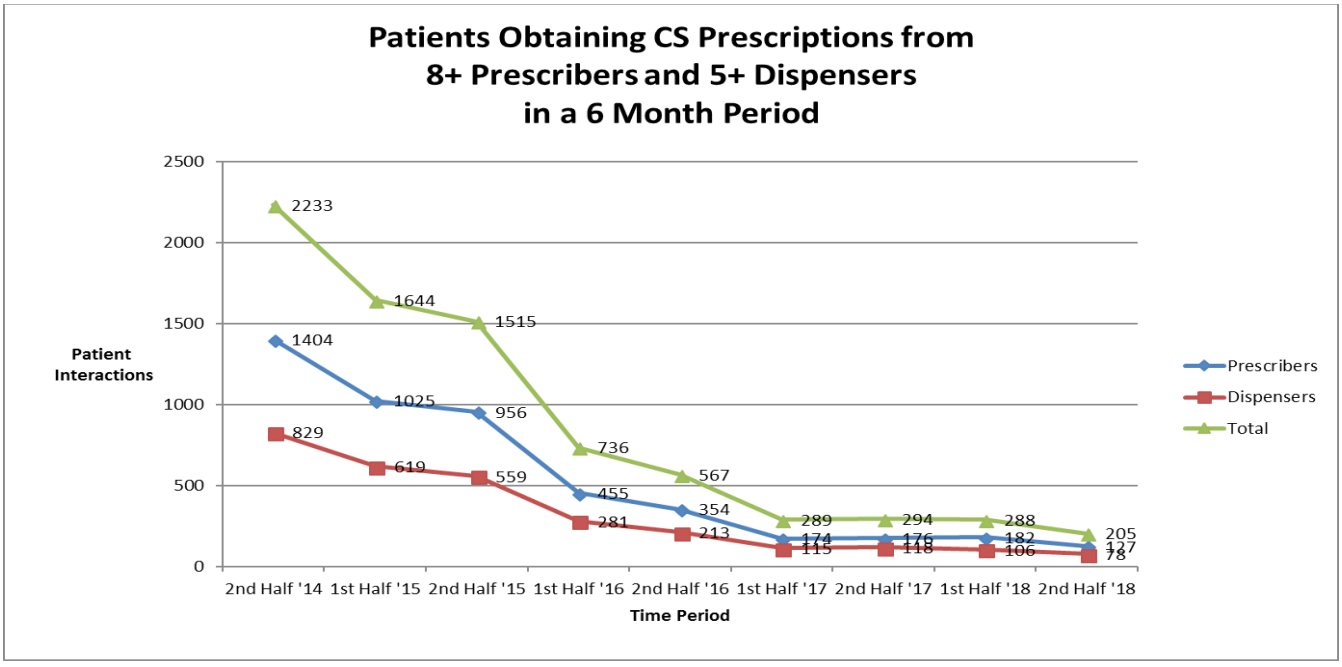

Figure 8

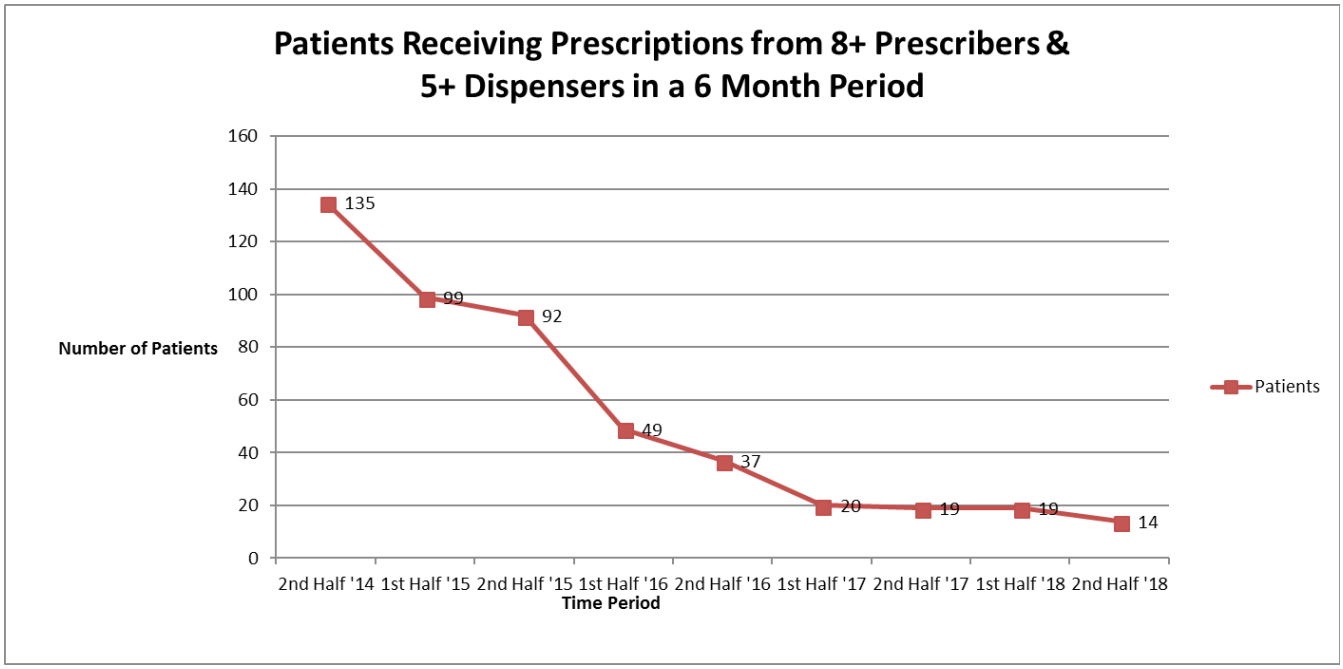

Figure 9

The Database Review Committee also receives and evaluates drug-overdose related death reports from the Office of the Chief Medical Examiner (OCME), and the corresponding CSMP data, relating to hundreds of West Virginia deaths each year. On a case-by-case basis, this committee evaluates this information and must determine if there is a reasonable cause to believe that there has been a breach of professional standard, or a criminal act, involving prescribing and/or dispensing of Schedule II –IV Controlled Substances in these deaths. If so, referrals to licensing boards and law enforcement (including county and federal prosecutors) for further evaluation may be warranted. In every death, where CSMP data indicates a current prescription for any of the drugs listed in the OCME report, a notification is sent to each prescriber who issued that prescription, including the decedent information and the list of drugs involved in the death.

West Virginia Drug Overdoses

West Virginia continues to lead the nation in the number of drug related overdoses per capita. The 1,020 drug overdose deaths reported in 2017 was a record high for the state (2018 stats have yet to be compiled). Deaths involving heroin and fentanyl are largely responsible for the rise over the last couple years, but other illicit drugs like cocaine and methamphetamine are also increasing (See Figure 10). Although the total number of deaths continues to rise, the deaths involving prescription are still on the decline (See Figure 11).

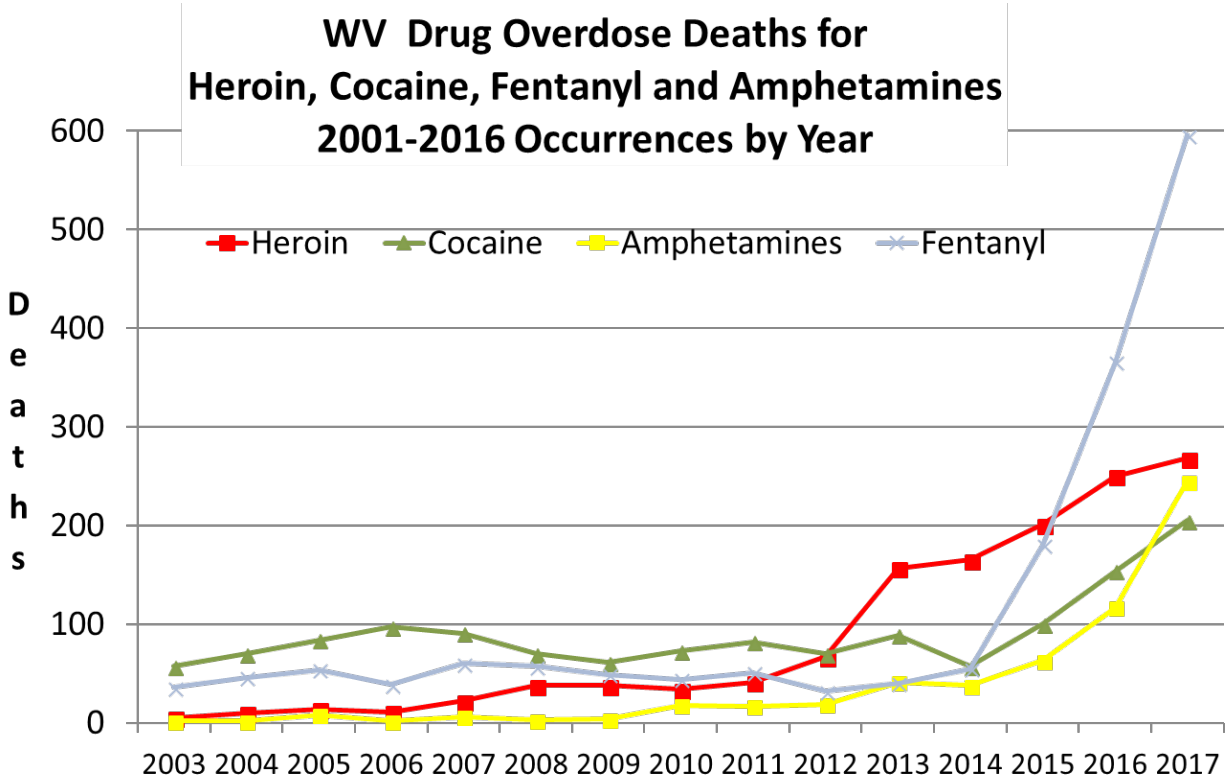
WV Drug Overdose Deaths for
Heroin, Cocaine, Fentanyl and Amphetamines
2001-2016 Occurrences by Year
Heroin
Cocaine
Amphetamines
Fentanyl
Deaths
600
500
400
300
200
100
0
2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017

Figure 10

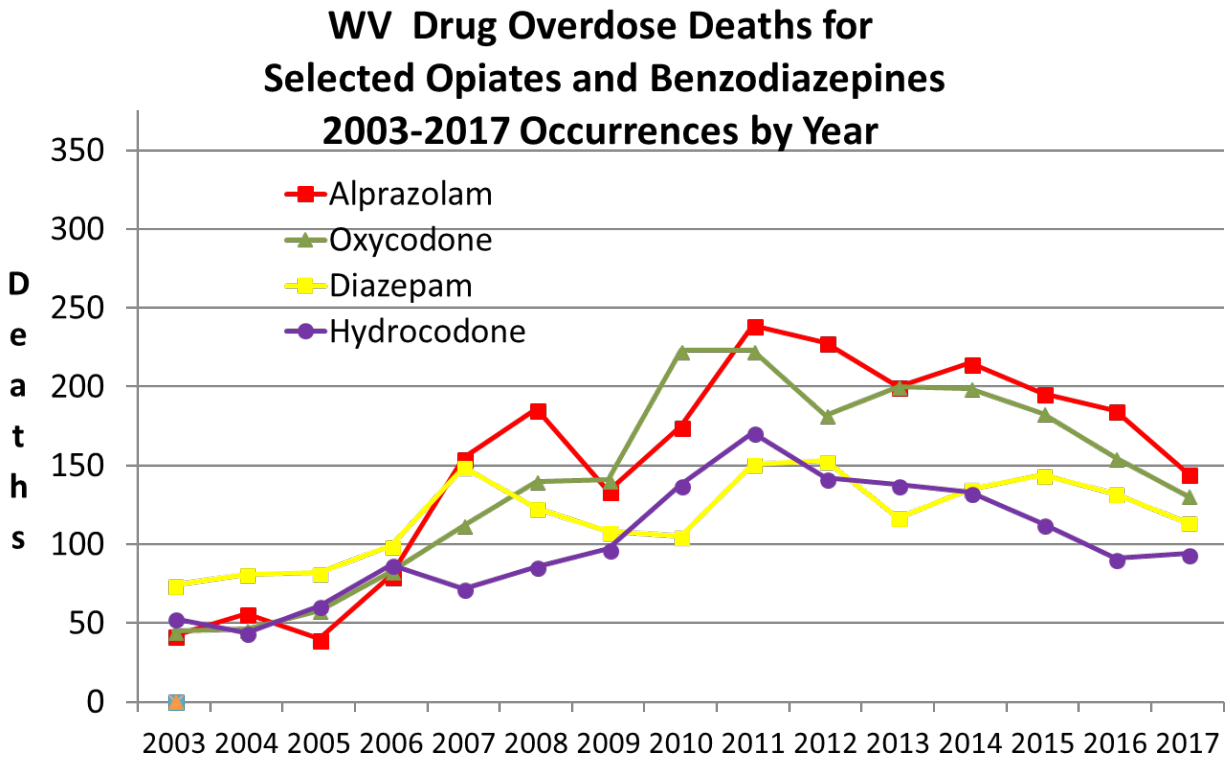

Figure 11

Federal Grant Opportunities

The West Virginia Board of Pharmacy and the CSMP is currently involved with a federal CDC grant, which among other things is intended to facilitate CSMP use, to maximize our system capabilities, to analyze and evaluate existing policies designed to reduce prescription drug overdose morbidity and mortality and produce a plan for addressing these issues, including a comprehensive list of best practices. The CDC grant includes hiring two epidemiologists and a data analyst to assist the Board in the analyses.

This grant has also allowed the Board to partnere with Appriss Health to utilize, analyze, and present information from CSMP into the clinical workflow of both prescribers and pharmacists via the comprehensive platform NarxCare. This product will integrate this CSMP information, as well as additional data sources, into Electronic Health Records or Pharmacy Management Systems to empower clinicians to identify patients that may be at risk for prescription drug addiction, overdose and death, and equips those clinicians and care teams with the advanced analytics, tools and technology they need to help those patients. These invaluable insights and tools can be presented and accessed within clinical workflow, up front, for every patient, every time. This functionality also helps clinicians connect patients with additional resources within their community if needed, such as medication-assisted treatment. By obtaining CSMP prescription information, which can include data from neighboring states, this one-click workflow process eliminates the need for prescribers and pharmacists to manually log into the WV CSMP website separately and then enter a patient's name and demographics to search for them.

Other Initiatives

The new version of the CSMP was completed, and new functionality, easier access and enhanced data analysis is now available. We have incorporated non-fatal overdose data into patient reports as one key component required by recently enacted legislation. Doctor Report Cards (tool to inform practitioners about how they compare to their peers), geocoding/mapping capabilities and new trend reports are also included with the new system.

There have been a number of data maps produced that provide valuable insight into prescription activity around the state. Additionally, monthly surveillance reports are being produced to summarize various key statistics related to West Virginia prescribing. County profiles are also available, which displays how a county rates to the others in West Virginia in various prescription categories. Naloxone utilization, foster children welfare studies, Medication Assistance Treatment (MAT) data and other indicators are also being processed currently. A number of these maps and data sets are provided as attachments to this report.